



FILED ELECTRONICALLY

The Honorable Jocelyn G. Boyd  
Chief Clerk  
South Carolina Public Service Commission  
P.O. Box 11649  
Columbia, SC 29211

RE: Application of David Singleton d/b/a Professional Moving Services  
Docket No. 2015-118-T

Dear Jocelyn:

On behalf of David Singleton, and pursuant to Commission Rule 103-834, I request that the Commission grant Applicant leave to take the deposition of a witness chosen by the Applicant on **June 18 at 11:00 a.m.** or other time and place to be agreed upon by the above parties should that date not be agreeable. The witness shall testify as the Applicant's shipper witness and do so via deposition and in lieu of an appearance at the hearing in this case. Additionally, deposition shall take place in Charleston for convenience to the shipper witness with a representative from the Commission available via telephone for cross-examination. Allowing testimony via deposition will accommodate the schedule of any such witness.

Second, on behalf of David Singleton, I request that the prehearing conference scheduled for June 22 be conducted by telephone due to the location and travel time that would be required by all parties.

Third, Applicant, upon the recommendation of ORS counsel, requests name change to "Professional Moving Service, LLC."

In summary, the Applicant has the following requests:

1. Leave to Take Deposition of a Shipper Witness with Telephonic Cross-Examination
2. Telephonic Pre-Hearing Conference
3. Name Change on the Application to "Professional Moving Service, LLC".

Please give consideration to these requests. It is my understanding that counsel for the Office of Regulatory Staff does not object to these requests, and I believe that the interests of both my client and the Public Service Commission will be maintained throughout. My client and I would be extremely appreciative of your approval in these matters due to the convenience to my client, myself, and my shipper witness.

Thank you for your consideration,



Wesley E. Henderson

**BEFORE  
THE PUBLIC SERVICE COMMISSION OF  
SOUTH CAROLINA**

**DOCKET NO. 2015-118-T**

Application of David Singleton     )  
For a Class E (Household Goods)   )  
  )

**Certificate of Service**

This is to certify that I have caused to be served one copy for Leave to Take Deposition and for Request for Telephonic Pre-Hearing Conference by placing a copy in the case and custody of the United States Postal Services and by sending an electronic copy to the following:

Electronic Copy: Jocelyn Boyd at [Jocelyn.boyd@psc.sc.gov](mailto:Jocelyn.boyd@psc.sc.gov)  
Electronic Copy: Andrew Bateman at [abateman@regstaff.sc.gov](mailto:abateman@regstaff.sc.gov)  
Physical Copy: Andrew Bateman, Office of Regulatory Staff, Legal Department, 1401 Main Street, Suite 900, Columbia, SC 29201

  
\_\_\_\_\_  
Wesley Henderson

June 16, 2015  
Charleston SC 29401

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a class E Household  
Goods Certificate from David  
Sighlon

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2015 - 118 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Wesley Henderson

Telephone: 843 212 3188

Address: 89 Broad St.  
Charleston SC 29401

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: wesley@hhlawsc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 6-16-15

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☐ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

① Request Name Change  
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Professional Moving Service, LLC

814 DuPont Road, Charleston SC 29407

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-224-5969 (Applicant)

Phone

FAX

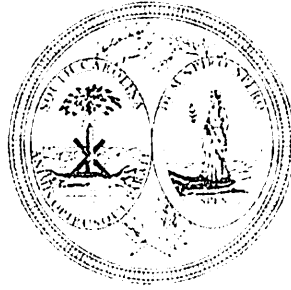
100dvd10@gmail.com (applicant)

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

  
Wesley Henderson

# *The State of South Carolina*



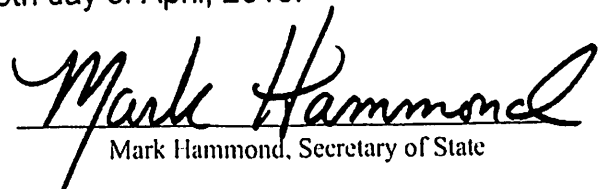
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

PROFESSIONAL MOVING SERVICE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 13th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
15th day of April, 2015.

  
Mark Hammond, Secretary of State



STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON APR 13 2015 IN THIS OFFICE

APR 13 2015

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Professional Moving Service, LLC

**\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

814 Dupont Road

Street Address

Charleston

29407

City

Zip Code

3. The initial agent for service of process is

Wesley Henderson

Name

*Wesley Henderson*  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

89 Broad Street

Street Address

Charleston

29401

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Wesley Henderson

Name

89 Broad Street

Street Address

Charleston

SC

29401

City

State

Zip Code

(b)

Name

Street Address

City

160414-0172

PROFESSIONAL MOVING SERVICE, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip Code
- (b) \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
 \_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

[Signature]  
 Signature of Organizer

4-9-15  
 Date

\_\_\_\_\_  
 Signature of Organizer

\_\_\_\_\_  
 Date